State of New Hampshire
2011 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 05/10/2011
Business ID: 476581
William M. Gardner
Secretary of State

SOVEREIGNTY FAMILY INVESTMENTS, LLC

30 LAKESHORE DRIVE
BARRINGTON, NH 03825

ENTITY TYPE: LLC
BUSINESS ID: 476581
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE INVESTMENT

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ADDRESS OF PRINCIPAL OFFICE:
30 LAKESHORE DRIVE
BARRINGTON, NH 03825

REGISTERED AGENT AND OFFICE:
MCEACHERN, ALEC L, ESQ
282 CORPORATE DRIVE 1
PORTSMOUTH, NH 03801

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **67 Allen Street, Rochester, NH 03867**

[X] The new principal office address **67 Allen Street, Rochester, NH 03867**

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Lawrence James Cleary**
STREET **30 Lakeshore Drive**
CITY/STATE/ZIP **Barrington Nh 03825**
MEMB. **Linda Jean Cleary**
STREET **30 Lakeshore Drive**
CITY/STATE/ZIP **Barrington Nh 03825**
MEMB. **Jay Paul Cleary**
STREET **28 Lakeshore Drive**
CITY/STATE/ZIP **Barrington Nh 03825**
MEMB. **Julie Ann Nicole Cleary**
STREET **28 Lakeshore Drive**
CITY/STATE/ZIP **Barrington Nh 03825**

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Julie Ann Nicole Cleary**

Please print name and title of signer: **Julie Ann Nicole Cleary** / **MEMBER**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

047658120111501

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529